


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000053249 (3)**

1. Corporation Name  
**ADVANCED SPA AND POOL, INC.**



Principal Place of Business <b>1901 PRADO ST.                  NAVARRE FL 32566</b>	Mailing Address <b>1901 PRADO ST.                  NAVARRE FL 32566</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1901 Prado St</b>	2b. Mailing Address <b>26 1901 Prado St</b>
Suite, Apt. #, etc. <b>22 1901 Prado St</b>	Suite, Apt. #, etc. <b>27 1901 Prado St</b>
City & State <b>23 NAVARRE, FL</b>	City & State <b>28 NAVARRE FL</b>
Zip <b>24 32566</b>	Country <b>25 Santa Rosa</b>
Zip <b>29 32566</b>	Country <b>30 Santa Rosa</b>

3. Date Incorporated or Qualified <b>06/16/1997</b>	
4. FEI Number <b>59-3468251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARDER, MELISSA**  
**170 RICHPIEN RD., APT. 3**  
**FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name <b>Shawanna Baker</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1901 Prado St</b>
83
84 City <b>NAVARRE</b>
85 Zip Code <b>FL 32566</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Shawanna Baker** *Shawanna Baker* DATE **4/27/98**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>Craig Carder</b>	
STREET ADDRESS <b>170 Richpien Rd APT #3</b>	
CITY-ST-ZIP <b>Ft. Walton, Beh, FL. 32547</b>	
TITLE <b>Secretary / Treasurer</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>Melissa Carder</b>	
STREET ADDRESS <b>170 Richpien Rd, APT #3</b>	
CITY-ST-ZIP <b>Ft. Walton Bch, Fla. 32547</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE <b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Shawanna Baker</b>	
1.3 STREET ADDRESS <b>1901 Prado St</b>	
1.4 CITY-ST-ZIP <b>Navarre, Fla. 32566</b>	
2.1 TITLE <b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Wayland Baker Jr.</b>	
2.3 STREET ADDRESS <b>1901 Prado St</b>	
2.4 CITY-ST-ZIP <b>Ft. Walton Bch, Navarre, Fla. 32566</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE **Wayland Baker Jr / Wayland Baker Jr** DATE **4-27-98 039 7235**

CR2E034 (10/97)